

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For:	Date of Application:
Last Name	First Name and Initial
Street Address	City, State, Zip
Mailing Address	City, State, Zip
Telephone Number	Social Security Number

Have you ever filed an application with us before? Yes No

If yes, when? _____

Have you ever been employed with us before? Yes No

If yes, when? _____

Are you currently employed? Yes No

May we contact your employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

What would "ideal" hours and days be for you? _____

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EMPLOYMENT EXPERIENCE

Have you ever had any job-related training in the United States Military? () Yes () No
 If yes, please describe _____

Are you physically or otherwise unable to perform some of the duties of the job for which you are applying? () Yes () No
 If yes, please describe _____

Start with your present or most recent job. Include any job-related military service assignment and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Employed (From/To)	Job Title
Address		
Telephone	Hourly Rate	Supervisor
Reason For Leaving		
Job Duties		
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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

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EDUCATION

	High School	Undergraduate College/Univ.	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			
Describe any special training, apprenticeship, skills, and extra-curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering you for this position			

List professional, trade, business or civic activities and offices held.

REFERENCES

Give name, address, and phone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

References Checked () 1 () 2 () 3 Signed: _____
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APPLICANT'S STATEMENT

As part of my application for employment at The Arc of Benton County, I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I therefore release all parties and persons connected with any request for information from all claims, liability, and/or damages for whatever reasons arising out of furnishing such information.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive.

In the event of employment, I understand that false or misleading information given in my application and/or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Release and Waiver to Previous Employer

To: _____

I request and authorize you to disclose to The Arc of Benton County any documents or information that may be requested. I have authorized The Arc of Benton County to inquire concerning my background in connection with an application for employment. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or an assessment or opinion of my suitability for employment which may be provided.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

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